Appendix 1

Recommended format of application to director for initial approval of labor compliance program (labor code section 1771.7)

Name Address Name Address Phone Fax E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1	y/Awarding Body	Seeking Approval:		
Name Address Phone Fax E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1		Name		
Name Address Phone Fax E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: Name Title Experience/training on public works/labor compliance issues: (Attach additional sheets, if necessary.) 2. Name		Address		
Address Phone Fax E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1	y's/Awarding Bod	y's Contact Person:		
Phone Fax E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1		Name		
E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1		Address		
E-Mail Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1		Phone		
Identify the two or more individuals employed by the entity/awarding body who be primarily responsible for enforcing the Labor Compliance Program: 1		Fax		
be primarily responsible for enforcing the Labor Compliance Program: 1		E-Mail		
Title Experience/training on public works/labor compliance issues: (Attach additional sheets, if necessary.) 2	be primarily resp	oonsible for enforcing th	ne Labor Compliance Pr	
Experience/training on public works/labor compliance issues: (Attach additional sheets, if necessary.) 2				
(Attach additional sheets, if necessary.) 2Name		Title		
(Attach additional sheets, if necessary.) 2Name	_		=	
(Attach additional sheets, if necessary.) 2 Name				
(Attach additional sheets, if necessary.) 2Name				
2Name				
Name	(Attach addition	al sheets, if necessary.)		
Name	2			
Title	۵۰	Name		
		Title		
Experience/training on public works/labor compliance issues:	Experience/train	ning on public works/la	bor compliance issues:	

	additional sheets, if necessar	·y.)
List all o	ther staff who will be involv	ved in LCP functions:
	<u>Name</u>	<u>Title</u>
(Attach a	additional sheets, if necessar	
State the administ		work projects the entity/awarding body annually
bodies, a		a joint or cooperative venture among awarding s and expanded responsibilities of the LCP olved:
(Attach a	additional sheets, if necessar	-y.)
Describe violation	e the entity's/awarding body	ry.) y's record of taking cognizance of Labor Code s, including any withholding of funds from public

	Attorney/Law Firm Name
	Address
	Contact Person & Phone Number
Attach to the procedures of	application a proposed manual outlining the responsibilities an f the LCP.
•	nethod by which the LCP will notify the Labor Commissioner of defined in Labor Code Section 1777.1(d):
(Attach additi	ional sheets, if necessary.)

Mail this form, with enclosures, to:

Office of the Director DEPARTMENT OF INDUSTRIAL RELATIONS 455 Golden Gate Avenue, Suite 10616 San Francisco, CA 94102